

POSITION	INITIALS	ID NO.	DATE
10/30 FEE DETERMINATION	AB	9 21 (2)	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CL	823	10/25
RESPONSE FORMALITY REVIEW	CL	81	10/28/1

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10/28/1
2	✓	✓	10/28/1
3	✓	✓	10/28/1
4	✓	✓	10/28/1
5	✓	✓	10/28/1
6	✓	✓	10/28/1
7	✓	✓	10/28/1
8	✓	✓	10/28/1
9	✓	✓	10/28/1
10	✓	✓	10/28/1
11	✓	✓	10/28/1
12	✓	✓	10/28/1
13	✓	✓	10/28/1
14	✓	✓	10/28/1
15	✓	✓	10/28/1
16	✓	✓	10/28/1
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45	✓	✓	10/28/1
46	✓	✓	10/28/1
47	✓	✓	10/28/1
48	✓	✓	10/28/1
49	✓	✓	10/28/1
50	✓	✓	10/28/1

If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

Claim	Final	Original	Date
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Claim	Final	Original	Date
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